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SECRETARY OF THE SENATE
PUBLIC AFFAIRS
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FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ABELER4SENATE

ADDRESS (number and street) 600 EAST MAIN STREET
Check if different than previously reported. (ACC) ANOKA MN 55303

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00546630 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A) STATE ▼ DISTRICT
MN

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☒ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)
Election on MM / DD / YYYY in the State of
(c) 30-Day POST-Election Report for the:
☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
01 / 01 / 2015 through 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BART WARD

Signature of Treasurer BART WARD Date 04 / 19 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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